



# 2013 EUGENE SAFETY TOWN PROGRAM STUDENT REGISTRATION FORM



Session I 9:00am – 11:30am \_\_\_\_\_  
Session II 12:30pm – 3:00pm \_\_\_\_\_

## PARTICIPANT REGISTRATION INFORMATION (Please print clearly)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_  
(Last) (First)  
Nick Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight (in pounds): \_\_\_\_\_  
School Attending in Fall 2013: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
Buddy Request **(Only one request please. Buddies must choose each other and applications must arrive together):** \_\_\_\_\_

## PARENT(s) / GUARDIAN(s) INFORMATION (Primary emergency contact unless otherwise indicated below)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Last) (First)  
Relationship: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Cell: \_\_\_\_\_  
Email **(REQUIRED)**: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Last) (First)  
Relationship: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Cell: \_\_\_\_\_  
Email **(REQUIRED)**: \_\_\_\_\_

## Alternate Emergency Contact Information - Other Than Parent/Guardian (Please skip if not applicable)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Last) (First)  
Relationship: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Cell: \_\_\_\_\_

## OTHER PERSONS AUTHORIZED TO PICK UP YOUR CHILD (Will only be released to the people listed below)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

*The City of Eugene, its officers, agents and employees assume no responsibility for your child upon their departure.*

Staff Only: App Rcvd: \_\_\_\_\_ Ck #: \_\_\_\_\_ Amt: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Entered: \_\_\_\_\_ Confirmation emailed: \_\_\_\_\_ Receipt rcvd: \_\_\_\_\_  
Docs emailed: \_\_\_\_\_



MEDICAL INFORMATION (Please print clearly)

Child's Doctor: Phone:

Please list any medical conditions (e.g. allergies, illnesses, special dietary needs, etc. Please note, only crackers and juice will be served for snacks. Parents will be able to inspect snacks on first day.)

Does your child take any medication? Yes No If Yes, please list medications:

Please list any physical or social needs for which consideration and/or accommodations may be given:

PERMISSION AND LIABILITY AGREEMENT FOR PROGRAM PARTICIPATION

- I understand that video or photographic material of participants in the Eugene Safety Town activities may be used by the City of Eugene for publicity purposes and without compensation or permission. Unless I submit a Photography Exclusion form (available upon request), I hereby give my consent for my child to be photographed or video recorded during the 2013 Eugene Safety Town program. For more information, or to request a copy of the exclusion form, please call 541-682-2746.
- The City of Eugene does not provide medical insurance coverage for Eugene Safety Town program participants. There are inherent risks associated with all recreational activities. In consideration of the right to participate in this sponsored activity, each registered participant and parent or guardian must agree to release and hold harmless the City of Eugene, its officers, agents and employees from any injury or damage resulting from such participation. A separate Release from Liability Statement may be required under certain circumstances. Payment of any required registration fees shall be deemed an admission of agreement to the terms stated above.

Signature Parent/Guardian: Date: / /

SCHOLARSHIP INFORMATION

A limited number of partial scholarships are available on a first come, first served basis. Please submit a scholarship request form with your application. Scholarship request forms can be downloaded from our website at [www.eugenepolice.com](http://www.eugenepolice.com) (follow path; Prevention and Safety, then Police Events and Camps) or by request at (541) 682-2746.

Partial Scholarship Needed

PAYMENT INFORMATION

Camp Fees Worksheet	Amount
Program Fee	\$50.00
Minus \$30.00 partial scholarship request (pending approval)	- \$
**Camp Scholarship Fund Donation	+ \$
Total Enclosed (or authorized charge)	= \$

\*\* The Eugene Safety Town Program can't work without community support. Donations are gladly accepted to help sponsor a child who isn't able to afford the full program fee. If you know of someone who may be interested in sponsoring a child, please let them know about our program. Thank you!

Please make check or money order payable to the Eugene Police Department. Please do not mail cash. Refund requests may be made prior to June 24th.

Payment Options

Total Enclosed: \$ Payment Method Check Cash Money Order Visa Mastercard

Check #:

Please charge my credit card: I authorize the City of Eugene to charge my credit card as noted above. I understand there will be a \$6 processing fee deducted from my original charge for any refunds credited back to my credit card should I cancel my child's registration for any reason. (Your card will be charged upon receipt of application. Credit card information will be removed from application and stored in a secure manner)

Number: Exp Date: / Billing Zip Code: Print Name: Signature:

Staff Only:  
Camper Name: